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TRANSMITTAL	
FORM	

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

8

Application Number	10/691,942	•
Filing Date	October 22, 2003	
First Named Inventor	CHISHTI, MUHAMMAD	
Art Unit	3732	
Examiner Name	WILSON, JOHN J.	
Attorney Docket Number	049562 005920HS / AT 00442 2	_

	ENCLOSURES (Check all that apply)						
Fee Transmittal Form	Drawing(s)	After Allowance Communication to Technology Center (TC)					
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):					
Express Abandonment Request	Request for Refund	Return Postcard					
Information Disclosure Statemen	CD, Number of CD(s)						
Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized Account 20-1430.	d to charge any additional fees to Deposit					
Response to Missing Parts/ Incomplete Application							
Response to Missing Par							
under 37 CFR 1.52 or 1.5							
Sid	 NATURE OF APPLICANT, ATTORNEY, OR	RAGENT					
Firm Townsend and Townsend and Crew LLP							
or Individual name James M. Heslin	Reg. No. 29	9,541					
Signature							
Date November 4, 200	<u> </u>						
	CENTIFICATE OF TRANSMISSION MANUAL						
<u> </u>	CERTIFICATE OF TRANSMISSION/MAILI	ing \					
I hereby certify that this correspondence envelope addressed to: Commissioner f	s being deposited with the United States Postal Service of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on	with sufficient postage as first class mail in an n the date shown below.					
Typed or printed name JoAnn Ev	ngelista						
Signature DU	n kvangelista	Date November 4, 2004					

Complete if Known FEE TRANSMITTAL Application Number 10/691,942 for FY 2005 October 22, 2003 Filing Date CHISHTI, MUHAMMAD First Named Inventor Effective 10/01/2004. Patent fees are subject to annual revision. WILSON, JOHN J. Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3732 Art Unit TOTAL AMOUNT OF PAYMENT 1110 Attorney Docket No. 018563-005820US/AT-00112.2

Charge fee(s) indicated below Credit argo verpayments Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. Charge fee(s) indicated below Small Entity		WET 105 05 5	WALL CONTROL OF ALL C			-		555.00	LI CHI ATION (
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1453 1,330 2453 665 Petition to revive – unintentional	2 EXTRACI	AIM FEES E	OR LITH ITY AND REISSUE	•	1453	1,330	2453	665	Petition to revive - unintention	onal	
1501 1,370 2501 685 Utility issue fee (or reissue)	1501 1,370 2501 685 Utility issue fee (or						Utility issue fee (or reissue)				
Fee from Extra Claims below Fee Paid 1502 490 2502 245 Design issue fee											
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1460 130 Petitions to the Commissioner	Total Claims	┛┇╻			1460	130	1460	130	Petitions to the Commissione	er	
Independent -** = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)		-** =	W ⊨ I		1807	50	1807	50	Processing fee under 37 CFI	R 1.17(q)	
1806 180 1806 180 Submission of Information Disclosure	_					180	1806	180	Submission of Information D	isclosure	
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Large Entity Small Entity 8021 40 Recording each patent assignment per property (times number of properties)	l '	Small Entity			8021	40	8021	40			
Fee Fee Fee Fee Fee Description 2809 395 Filing a submission after final rejection (37 CFR § 1.129(a))			Fee Description		1809	790	2809	395		l rejection	
1202 18 2202 9 Claims in excess of 20 1810 790 2810 395 For each additional invention to be	, ,	1.7	Claims in excess of 20		1810	790	2810	395			
1201 88 2201 44 Independent claims in excess of 3 examined (37 CFR § 1.129(b))	1201 88	2201 44	Independent claims in exc	ess of 3					· · · · · · · · · · · · · · · · · · ·		
1203 300 2203 150 Multiple dependent claim, if not paid 1801 790 2801 395 Request for Continued Examination	1203 300	2203 150	Multiple dependent claim,	if not paid	1801	790	2801	395		nination	
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SUBMITTED BY	Λ .		Co	omplete (if applicable)		
Name (Print/Type)	James M Heslin	James M Heslin Registration No. (Attorney/Agent) 29,541		Telephone	650-326-2400	_
Signature					November 4, 2004	